

**THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL
Minutes**

July 21, 2020

Maryland Behavioral Health Advisory Council Members Present:

Barbara Allen, Robert Anderson, Dori S. Bishop, Lynda Bonieskie, Lori Brewster, Andrea Brown, Kenneth Collins, Kathryn Dilley, Catherine Drake, The Hon. Addie Eckardt, Kate Farinholt, Ann Geddes, Kelsey Goering for Jonathan Martin, Lauren Grimes, Carlos Hardy, Dayna Harris, Joyce N. Harrison, James Hedrick, Brooke Holmes, Helene Hornum, Aliya Jones, Jennifer Krabill, Sharon M. Lipford, Caterina Pangilinan, Luciene Parsley, Mary Pizzo, Keith Richardson, Kirsten Robb-McGrath, Jose Rosado, Jacob Salem, Sabrina Sepulveda, Mary C. Vaughan, Ambrosia Watts, Kimberlee Watts, Anita Wells, Kim Wireman

Maryland Behavioral Health Advisory Council Members Absent:

Makeitha Abdulbarr, Karyn M. Black, T-Kea Blackman, Mary Bunch, Lillian Donnard, Rosanne Hanratty, Sylvia Lawson, The Hon. George Lipman, Dan Martin, The Hon. Dana Moylan Wright, Dana Sauro, Jeffrey Sternlicht, Deneice Valentine,

Behavioral Health Administration (BHA) Staff Present:

Cynthia Petion, Stephanie Slowly, Steve Whitefield, Sarah Reiman, Tsegereda Assebe, Brendan Welsh, Greta Carter, Aparna Nagaraju, Natalee Solomon, Kaylin McJilton, Joy Ashcroft, Kathleen Rebbert-Franklin, Maria Rodowski-Stanko, Lori Mannino, Joana Joasil, Marian Bland, Mona Figueroa, Priya Arokiaswamy, Steven Reeder, Frank Dyson, Barry Page, Darren McGregor

Guests:

Bernice Hutchinson

Marianne Gibson, Opioid Operational Command Center

Diana Seybolt, University of Maryland, Systems Evaluation Center

Joe Adams, Veni Vidi Vici Treatment Services

Michelle Livshin, On Our Own of Maryland, Inc.

Roseanne Layman, Maryland Department of Health

Leah Parrack, SUN Behavioral Health

Ester Curtis, SUN Behavioral Health

Tammy Loewe, St. Mary's County LBHA

Andrea McDonald-Fingland, Calvert County LBHA

Brenna Fox, Kent County LAA

Catherine Gray, Anne Arundel County CSA

Sharese Smith, Prince George's County LBHA

Stephanie House, Baltimore County LBHA

Delores Rowlette, Maryland Department of Public Safety and Corrections

Mary Drexler, Maryland Center of Excellence on Problem Gambling

Jacquelyn Pettis, Optum Maryland

Annie Coble

Deborah Steinberg

Yvonne Harris

Ebuse Mayne

WELCOME AND INTRODUCTIONS

Lauren Grimes, Co-Chair, opened the meeting and welcomed all members and guests. Lauren and co-chair Barbara Allen reviewed logistics for conducting the meeting virtually including the use of the camera option, muting phones, joining by either phone or Google Meets but not both due to the chance of interference and how to pin the interpreters if needed. Those who participated by phone were asked to email Greta Carter so that their attendance is recorded. Minutes from the May BHAC meeting were reviewed. As there were no changes or updates needed, a motion to approve the May minutes was made by Senator Eckardt and Jose Rosado seconded the motion. Approved minutes will be posted on the Behavioral Health Administration's website at: <https://bha.health.maryland.gov/PagesMaryland-Behavioral-Health-Advisory-Council.aspx>

THE DIRECTOR'S REPORT – Aliya Jones, M.D., MBA, Deputy Secretary Behavioral Health

- **MDH/BHA's response to the COVID-19 pandemic**
 - Dr. Jones thanked everyone for their hard work and support in helping the system in remaining responsive and continuing to deliver care during these challenging times. BHA will share information and stay connected. Entering 4 months into the pandemic, BHA strives to ensure that best practices be delivered to the patient population they serve.
 - BHA continues to provide monthly summaries of COVID-19 activities, with the last update/FAQs being sent out at the beginning of July. Another one will be going out at the beginning of August. The summaries provide a brief overview of activities, issues of systems and partnerships that improve the quality of care, as things move towards a safe re-opening of the state.

- **BUDGET**
 - At the Board of Public Works meeting held in July the State's budget was cut by \$413 million dollars. BHA was spared from this cut but it is unknown whether this will be the case at the next BPW meeting in September. BHA will continue to keep BHAC updated.

- **ASO TRANSITION**
 - Optum Maryland implemented the reactivation of the provider portal on July 1, 2020. Providers must utilize the authorization and claim features in the Provider Platform and payments will be processed through the system. Estimated payments will be phased out as Optum begins paying claims through the system.

- Optum Maryland and the Maryland Department of Health (MDH) are initiating the process for reconciling estimated payments. Claims for the period from Jan-Jun 2020 will be processed to ensure accuracy. Final reports will be available within the next several weeks.
- For more information on this you may contact Cynthia Petion or Susan Steinberg.

➤ **CRISIS SERVICES**

- BHA has been focusing more on crisis services and has been reviewing various crisis models, comparing what we currently have and how we could enhance crisis services, as well as what this might look like in Maryland.
- An internal crisis services committee has been formed to compare the Crisis Now Model versus SAMSHA's evidence-based toolkit.
- The committee is creating a crosswalk between the two models and Maryland's current services and is working to develop a strategic plan and framework which will engage stakeholders.

➤ **OVERDOSE PREVENTION EFFORTS**

- BHA continues to look at overdose prevention efforts in an attempt to mitigate increases in overdoses; this is especially relevant considering increased stress, unemployment and other factors that may be related to the current COVID situation.
- A Multiagency Group has been established to meet monthly and review overdose data, discuss programming and meet with local jurisdictions that have been significantly impacted by overdose deaths. The goal is to create real-time strategies and form collaborations.
- The Group already had two meetings in the last 2 months and the third meeting will be held tomorrow.
- There has only been a slight increase in overdose deaths across the state (2.5-2.6%) compared to the rest of the country. There has been a 2.5-2.6% increase in overdoses in the state.
- The Multiagency Group convened community providers who are experts to provide guidance to a clinical advisory team. Similar work is being done in relation to suicide prevention. To date Maryland's suicide rate numbers have not increased above our baseline.

➤ **HUB AND SPOKE INITIATIVES**

Initiatives are underway to support community buprenorphine waiver providers, who assist those clients who are difficult to treat in the community. 2.1 million dollars is allocated through the SOR 1 Grant and many jurisdictions are interested in applying for these funds. The grant is expected to initiate between Sept 2020 and January 2021. Contact Kathleen Rebbert-Franklin for more information.

➤ **PRP SERVICES**

BHA is looking at addressing PRP quality of care services. BHA and Medicaid are looking at the MA criteria in relation to the PRP services. PRP services are delivered to those who the criteria was originally intended for. Draft regulations have been sent to stakeholders. There have been 10 PRP core and skill training sessions held. 500+ people have participated in the training with 412 people having completed the training.

➤ **ACE GRANT**

BHA has applied for an Adverse Childhood Experiences (ACE) grant. Only 4 awards will be granted. The initiative will be a collaboration with numerous agencies. The grant would be half a million dollars a year for 3 years. The goal of the grant would be to enhance ACE data collection, increase implementation of ACE strategies and to develop a system for evaluating effectiveness. Contact Dr. Maria-Rodowski-Stanco for more information.

➤ **SOR GRANT**

The State Opioid Response Grant (SOR 1), Year 2 Report was submitted to SAMSHA on June 30. BHA is currently working on a 12 month no cost extension. The year 1 grant ends on September 29, 2020.

➤ **SOR 2**

BHA will be expanding SOR programming through SOR 2 Grant funding – BHA applied for an additional 50 million dollars not only to do enhanced treatment prevention and recovery support to opioid use disorder individuals but also for work with stimulant use individuals (cocaine and meth amphetamines). This will allow BHA to provide treatment and recovery support services to a wider group of individuals with substance use disorder.

➤ **SOAR**

Our SSI and SSDI Outreach Access and Recovery Program (SOAR) ranked 3rd in the nation for cumulative approval rates compared to the SOAR national rates. In FY2020, SOAR specialists achieved a 98% approval rate. Contact Marian Bland if you would like more information on this.

➤ **MRDN**

Maryland Recovery Net transition to the local jurisdictions began on July 1 – there were no changes to the recovery housing component. This transition will be handled through the ASO.

Questions:

Is the workgroup on PRP Medical Necessity Criteria open to stakeholders or is it an internal BHA group?

The workgroup started off as an internal BHA group, but we do want stakeholder engagement. Started the group back in January but COVID delayed the group from gaining stakeholder involvement. This is still a goal of the group.

What is the name of the workgroup looking into overdoses in the state?

Multi-agency Overdose Prevention Strategy Group

What other workgroups are there at BHA?

There are many but the most significant right now:

- PRP
- Behavioral Health Equity
- Overdose Prevention
- Suicide Prevention

Who is the grantor for the ACE Grant?

The Centers for Disease Control and Prevention (CDC).

PRESENTATION- Behavioral Health Equity- Stephanie Slowly, Chief of Staff, BHA

There has been a lot in the news lately related to COVID and the impact of COVID on behavioral health. Minority populations have been particularly impacted. The black community has had incidents with the police. There have been different events in recent history. At one time drug abuse was criminalized, American Indians have been forced from their land, Immigration issues, the Black Lives Matter movement, water pollution in Michigan and the most recent issues of harm reduction.

The Freddie Gray incident that occurred in Maryland 5 years ago began the conversation about health disparities, but it mostly focused on somatic disparities. Most recently there was the

George Floyd incident. This led to BHA leadership getting together and creating the BH Equity workgroup. This internal group consists of 20 people and they meet every other week. The group has started to create a strategic plan. Their goal is to inform and engage in shared learning activities. The strategic plan will analyze current policies, programs and pathways and will examine how to address social determinants of health. BHA already does this but will be taking a deeper dive. The core elements of the strategic plan are:

- Data evaluation
- Funding and resource allocation
- Policies and procedures
- Partnerships and collaboration
- Awareness, outreach, and community engagement, and
- Program development and implementation

The group is working with the Maryland Office of Minority Health and Health Disparities and is talking to other agencies that have been looking at this same issue.

They plan to educate minority populations and community-based organizations that serve minority populations through training, including Mental Health First Aid. They are also hosting a Racism and Mental Health Symposium in the Fall.

- So why is BHA doing this? What impact does this have on individual lives? Studies show that where a person lives determines how long they live. For example, the life expectancy of people who live two miles from each other in Baltimore City is 10 years.
- Some questions BHAC members ask themselves to help are:
 - How can we address BH equity?
 - How can we create access?
 - What are you doing to address equity in your own workplace?
 - How can we collaborate?

Questions:

What is the best way the BHAC can support BHA in moving forward this effort and in addressing these issues?

BHA relies on BHAC to inform us of what the community needs; to look at the data to see who is impacted. BHAC has the internal conversations to help inform BHA's work. This is a good time for education and training, and data on equity would be helpful. Education is twofold as resources can be shared between BHA and the BHAC members.

How can the CLC Committee assist the BH Equity Committee in providing equity to minority people with disabilities and language barriers?

The CLAS standards are a good foundation/start. The CLC Committee is looking forward to collaborating with the Equity Committee.

What is the MDRN Process as it relates to the ASO?

Marian Bland and Steve Reeder can answer any questions. For non-housing services, gap services and medical/dental authorizations go through the State Care Coordinators. The LBHA reviews the request and reimburse provider for services.

For housing, there are no changes to the current process. A housing request is submitted through Trish Konyeaso's team and then entered into the Optum portal. The provider will be authorized to get reimbursement.

COUNCIL BUSINESS:

The BHAC Committees were charged with developing priority areas they plan on focusing on in the coming year. The priorities stemmed from the BHAC retreat last July. The committees have been working the last few months on narrowing down their priorities. These will be sent out in an email after this meeting today for a Council vote. Council members are asked to respond to the email with their vote and any other feedback is also welcome. These will be the priorities the committees will focus on over the next FY. Committee chairs were also asked to convene a meeting between now and the September BHAC meeting.

COMMITTEE REPORT OUTS

Planning Committee:

The Committee will be meeting today and reviewing BHA's 2020/2021 State Plan, which is still a working draft. Although the 2020/2021 BHA State Plan is still a working draft the goal is to finalize it by the end of August. It will be shared with the BHAC for comments and posted on the BHA website for public comments. The Committee will also be reviewing Year 2 of the Block Grant Application and Spending Plan.

Criminal Justice Committee:

No updates

Cultural and Linguistic Competency Committee:

The local authorities submitted their annual plans for FY 2021 in January and February 2020. These plans were reviewed and approved by BHA. The locals were provided with a template for creating their CLC plan. They also had access to a consultant for TA if needed. The Consultant reviewed all the submitted CLC plans and provided feedback. The Committee is waiting for the final submissions of the local plans to review the CLC part.

Prevention Committee:

This Committee has been on hold, but efforts are under way to reconvene the Committee. The Council welcomes new member Brooke Holmes, the department's new staff with the Office of Population Health Improvement. Ms. Holmes will serve as a vital resource on the Committee.

Recovery Services:

The Committee has placed their priority on the list that will be sent out for vote.

ANNOUNCEMENTS

The BHAC Co-Chairs asked that each Committee meet between now and the next BHAC meeting in September.

Deb Steinberg from the Legal Action Center: Presenting Recommendations for Maryland Medicaid regarding the Delivery of Mental Health and SUD Treatment via Telehealth to Aid in Maryland's Recovery from COVID-19. These recommendations were put together with the Parity at 10 Coalition and a Behavioral Health Coalition made up of 36 members. The recommendations are meant to assist Maryland Medical Assistance until a vaccine is readily available. They speak to health equity concerns and the lack of access to computers, smart phones, transportations, etc., which lead to no shows, etc. They are not proposing anything new but continuing what's already happening/working. They want consumers to have a choice.

The recommendations speak to:

- Expanding where patients can access care in their home. This would include shelters, inpatient facilities, etc.
- Expanding which providers can use telehealth to serve patients.
- Having the Health Occupation Board reevaluate the impact of licensure flexibility- ease up on licensure requirements.
- Expand the use of technologies for telehealth.
- Reimbursement rates - providers have access to funding they need to invest in technology to provide telehealth; ensure payment parity; remove prior authorization requirements.
- Medications - removal of in person evaluations; flexibility of take-home doses; reimbursement of delivery of meds.

Other Announcements

- All documents from today's meeting will be provided to Council members. Thank you to all presenters for the highly informative presentations.
- Save the Date for the Racism and Mental Health Symposium will be sent out shortly. It is scheduled for September.
- Next Behavioral Council Meeting is September 15, 2020